

INSTRUCTIONS FOR UPGRADE FORM

BUSINESS OWNERS: Need a copy of DBA or Corporate Minutes indicating position within corporation.

JOB RELATED: Need a letter from employer indicating requirement to be armed while working.

**TO & FROM
WORK:** Need a letter from employer indicating the availability of a storage area for your weapon while working.

**RENTAL
PROPERTY:** Need a notarized list of all properties with addresses, # of units, and rental amounts.

WILLMER FOWLER, JR.
PISTOL PERMIT SUPERVISOR



92 FRANKLIN STREET
BUFFALO, NEW YORK 14202
716/858-6600

County of Erie

KATHLEEN C. HOCHUL
ERIE COUNTY CLERK

PISTOL PERMIT DEPARTMENT

REQUEST FOR PERSONAL and/or BUSINESS PROTECTION ON PISTOL PERMIT

STATE OF NEW YORK
SUPREME COURT : COUNTY OF ERIE

IN THE MATTER OF THE FIREARMS LICENSE

-of-

RE: UPGRADE AFFIDAVIT

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

I, _____, being duly sworn, deposes and says:

1. I am licensed pistol permit holder since _____, License Number _____.
2. My pistol permit has the following restrictions: Security, Target and Hunting, Business Protection, Home Protection.
[Strike out category which does not apply.]
3. I wish to upgrade my permit to a license to have and carry concealed without restriction. [400.00-2 (f) Penal Law]
4. I have not been arrested and/or convicted of any criminal offense or Vehicle and Traffic violation, other than minor traffic violations since my permit was issued.
If any arrest or conviction list: (IF "NONE", SO STATE)

5. That since my permit was originally issued I have not been treated for any mental or emotional illness or disease, nor have I been institutionalized, hospitalized or committed to any public or private facility which provides treatment for mental or emotional disease, defect or illness. (If no treatment, enter "NONE", otherwise specify details)

6. That since the original date of issuance of my permit, I have had treatment for the following physical illness or disability. (If no treatment, enter "NONE", otherwise specify details)

[illegible]

7. That since the date of original issuance of my permit the following changes in my personal history have occurred (List change of address, employment, marital status).

[illegible]

8. That since the original date of issuance of my permit, I have not been treated for alcohol or drug abuse except (If no treatment, enter "NONE", otherwise specify date, length of treatment, where treated and what condition)

[illegible]

9. That I have not been charged, petitioned against, a respondent, or otherwise been a subject of a proceeding in Family Court except (If "NONE", so state, otherwise explain.)

(This area contains faint horizontal lines for writing.)

10. That the following reasons are given to establish proper cause for issuing an unrestricted pistol license (*attach separate sheet if necessary*). You should note that a mere desire to have unrestricted or a generalized concern may not be "proper cause" under the law.

Cite **SPECIFIC** factors, concerns, events or reasons for upgrade.

[illegible]

11. That I know of no reason why I am unqualified to possess a firearms license or that my request for an unrestricted license should be denied.

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SEC. 210.45 OF THE PENAL LAW AND ARE GROUNDS FOR REVOCATION OF THE FIREARMS LICENSE PURSUANT TO SECTION 400 OF THE PENAL LAW.

DATE: _____

APPLICANT'S SIGNATURE

STATE OF NEW YORK)
COUNTY OF ERIE)

On this date, _____ the foregoing instrument was acknowledged before me
by _____ who is personally known to me and known
to be the same person described in the foregoing instrument and _____ duly acknowledged to me that _____
signed the same under oath.

NOTARY PUBLIC OR COMMISSIONER OF DEEDS